MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046553

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1862

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

6397
20390
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH — FILED JAN 2 1963
   a. COUNTY: Greene
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri — b. COUNTY: Greene
   c. CITY OR TOWN: Billings — Inside Limits: Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location): Rt. #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Thm — Middle: — Last: Hendricks

4. DATE OF DEATH: Month, Day, Year: December 16, 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-16-1883

9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Billings, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Mark Hendricks

13b. MOTHER'S MAIDEN NAME: Amanda Laney

14. NAME OF HUSBAND OR WIFE: Bertie Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT — Address: Mrs. Bertie Hendricks Billings, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: Sev. mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S B Lemmon MD

22b. ADDRESS: Springfield, Mo

22c. DATE SIGNED: 12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-19-1962

23c. NAME OF CEMETERY OR CREMATORY: Kerr Cemetery

23d. LOCATION (City, town, or county) (State): Billings, Mo.

24. FUNERAL DIRECTOR — ADDRESS: W.B. Cantrell Billings, Mo

25. DATE RECD. BY LOCAL REG.: 12-28-62

26. REGISTRAR'S SIGNATURE: Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

Permit 12-16-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 1820

P. O. Address Republic Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.